

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>106</u>
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>360</u>
Town of _____			Local Registrar No. _____
or <u>Globe</u>			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Winifred Phelan</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? _____
5. No., in order of birth _____		7. Date of birth <u>6</u> <u>5</u> <u>23</u> Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Thomas Jarama</u>		Full maiden name <u>Betty Phelan</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz</u>		15. Residence (Usual place of abode) <u>Globe, Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Colored</u>	11. Age at last birthday <u>49</u> (Years)	16. Color or race <u>Colored</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Texas</u> (State or country)		18. Birthplace (city or place) <u>Alabama</u> (State or country)	
13. Occupation <u>Janitor</u> Nature of industry		19. Occupation <u>Owner</u> Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4:45</u> p. m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>B. E. Wightman</u> (Physician or midwife)	
Address _____		Given name added from a supplemental report _____ Month, day, year.	
Registrar. _____		Filed <u>6-10-1928</u> <u>B. E. Wightman</u> Filed <u>7-5-1928</u> <u>B. E. Wightman</u> County Registrar.	

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